

Generations Now

# The Missing Middle: Why Aging Policy Needs Congregate Living Models

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Comprehensive aging policy should invest in diverse congregate living models and remove regulatory barriers that make homelike group settings difficult to establish.

*By James Lomastro*

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What made these settings work wasn't just their size; it was their focus on community. They were designed around normal living patterns: shared meals by choice, common areas for socializing, private spaces for solitude, and available supports that are not intrusive. The field discovered that the opposite of institution wasn't isolation—it could be intentional community.

### **Why This Matters for Aging Policy**

Existing policy frameworks frequently regard congregate living as a less preferable option, pursued primarily when aging in place is no longer feasible. Such an approach presents a range of challenges. It de-emphasizes voluntary choices: some people actively choose to live in a community, especially after raising families or losing a partner. They're not failing; they're choosing. The framework also delays necessary transitions. When congregate living carries stigma, people wait until a crisis forces a move, often to settings more restrictive than they would have needed with earlier planning.

This framing misdirects innovation as well. If we view congregate settings solely as a crisis response, we don't invest in improving them. We get mediocre independent and assisted living nursing homes rather than innovative community models. Finally, it ignores economic realities. Many [older adults cannot afford to maintain a house alone](#).

### **What Good Congregate Living Looks Like**

The better models share common features that distinguish them from traditional institutional care. Scale that preserves humanity matters—settings small enough that residents know each other and staff know residents. Physical design that supports autonomy proves essential: private spaces, control over daily schedules, and the ability to cook or not cook as preferred. Voluntary community, where shared spaces and activities are available but not mandatory, respects individual preferences. Integration with neighborhoods rather than isolation in compounds or campuses maintains a connection to broader community life. Flexibility to changing needs allows adaptation as residents' capabilities evolve without disruptive moves.

These aren't abstractions. Examples include: the [Green House model](#) for skilled nursing [Beacon Hill Village's virtual village approach](#), various cohousing communities, some well-designed assisted living settings, and countless informal arrangements in which groups of friends or family create shared households.

## Reframing the Conversation

What if we treat it as innovative care? This shift would legitimize planning for congregate options before a crisis, when choices are broadest. It would encourage the development of diverse models rather than defaulting to nursing homes. Performance improvement efforts could focus on making congregate settings better rather than merely avoiding them. We could recognize that community and independence aren't opposites—they can reinforce each other.

## The Both/And Solution

None of this diminishes the importance of supporting people who want to age in place. Home modifications, community services, and family caregiver supports all deserve continued investment. But a comprehensive aging policy should also invest in developing diverse congregate living models while removing regulatory barriers that make homelike group settings difficult to establish. Funding demonstration projects showing what's possible beyond traditional nursing homes would advance the field. Including people who've chosen congregate living as valued voices in policy discussions would enrich our understanding. Fundamentally, we need to stop framing the conversation as "home good, institution bad," when the reality is far more nuanced.

After decades observing what works and what doesn't across the care spectrum, a clear pattern emerges: the people we serve benefit from maximizing options, not narrowing them. Some need significant support in their original homes. Some thrive in small group settings. Some choose communities organized around shared interests or values. Many will want different arrangements at different times.

Our policy frameworks should encourage this diversity rather than inadvertently constraining it by treating one model as inherently superior, not by abandoning aging-in-place goals, but by recognizing that "place" can include thoughtfully designed congregate settings that honor autonomy while building community.

The question isn't whether aging in place matters. It's whether our commitment to choice and dignity extends to all the ways people might age well, including together.

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